People & OD Committee
Occupational Health

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**Sponsoring Executive Director:** Phil Bushby

**Who will present:** Phil Bushby

**Date of meeting:** 20 July 2017

**Committee/Groups that have received or considered this paper:**
- Executive Team
- Paper circulated to JNC members ex-committee

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**The Committee is asked to:**

- Approve the recommendation(s) proposed in the paper.
- **Discuss** and scrutinise the paper and provide feedback and comments. ✗
- Receive the paper for information only.

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**Link to Public Health Wales commitment and priorities for action:**
(please tick which commitment(s) is/are relevant)

- [ ] Heart
- [ ] Cross
- [ ] Circle
- [x] Wing

**Priorities for action**

include relevant priority for action(s)
1 Introduction

Occupational Provision in PHW is provided via a combination of WAST and x4 LHBs. This situation needs to be reviewed and change of provision considered.

The Executive Team considered this paper in May and expressed a preference for one of the options. However, it was agreed that before any decision about the options was reached that WAST should be allowed to complete a review of the OH service. This review has now been completed but we have not been informed of any conclusions that have been reached. We have written to WAST to request a meeting and to be informed of the outcome of the review.

2 Situation

Public Health Wales NHS Trust (PHW) currently receives Occupational Health (OH) Services via an SLA with the Welsh Ambulance Services NHS Trust (WAST) for approximately 1350 of its workforce, with services for the 350 staff employed within Microbiology Services being provided under an SLA with four Health Boards (Cardiff & Vale (C&V); Abertawe Bro Morgannwg (ABMu); Hywel Dda (HDU); and Betsi Cadwaladr (BCU)).

The arrangements with WAST commenced in September 2015, and so there is a need to review arrangements to ensure they remain robust, and indeed present value for money. There is also a need to ensure that the current level of service provided by WAST in particular is sustainable, given indications from WAST itself that it is currently struggling to maintain service provision, and sentiment from within PHW, which has indicated dissatisfaction with the service provided.

It is understood that WAST, with this in mind, is about to commission an external review of its OH services, and also its SLAs (it is understood that this review is likely to take approximately 3 months).

This paper does not include detail in respect of the Flu Campaign, which has been articulated in separate papers to the Executive Team, and sits under the portfolio of the Director of Quality, Nursing and AHPs.

It is understood that the Directorate of Quality, Nursing and AHPs is already exploring alternative options for the provision of PHW’s Flu Campaign, due to a dissatisfaction with the level of service provision in 2015/16 and 2016/17. This paper does not specifically address this issue, although there is a clear need for any proposals on either side of this issue to line up appropriately.
3 BACKGROUND

In July 2015, the Executive Team took the decision to consolidate PHW’s previous OH arrangements (save for those provided to Microbiology as earlier stated) into one SLA with WAST.

At this time, PHW only had one live SLA with a provider, despite receiving OH services from 5 organisations. This live SLA was with C&V, with no live SLA with ABMu, BCU, Aneurin Bevan (with which PHW was engaging despite having an SLA with C&V for the whole of South East Wales), or HDU (which was providing PHW with OH services on an “informal basis” without the knowledge or authorisation of those within the Health Board with management responsibility for OH services).

WAST had, at the same time, developed its own model of OH services across Wales, and seemed to be an appropriate organisation in terms of its geographical similarities, to provide services to PHW.

WAST was therefore engaged from September 2015 to provide OH services to PHW in full. This decision was met with some consternation at the time from PHW staff, particularly from those individuals who had previously received OH services from C&V and HDU, who had indicated a level of satisfaction with the services provided. However, the picture was inconsistent across PHW, with some areas significantly dissatisfied with their service provision. In addition, from a people management perspective, management reports were inconsistent, and made the management of individual sickness cases difficult.

Very soon after these arrangements were entered into, it became clear that WAST were unable to fulfil commitments around Microbiology immunisations. A period of significant work followed to ensure stability of immunisation arrangements, via discussions with Health Boards – and this issue was subject of numerous discussions at Executive Team, Health & Safety Group and other fora.

After much discussion, OH services for Microbiology only were returned to the Health Boards under a separate pricing structure and SLA in early 2016/17.

4 ANALYSIS

There has been significant internal discussion in respect of OH provision within PHW, and there are multiple, conflicting views on what the service should look like, and indeed by whom the service should be provided. Generally and anecdotally, the service provided by WAST is not viewed as effective, which might be skewed by experiences of the flu campaign. Of late, “noise” around the general OH service has died down, and no significant issues have been raised with the WAST service for a number of
months. This may prompt questions as to why there is a need to change arrangements, notwithstanding WAST’s own views around sustainability. In any event, there would appear to be four options for consideration by the Executive Team, which are set out below:-

1. **OPTION 1** – Await the outcome of the WAST External Review, and at this point determine whether PHW is inclined to remain under SLA with WAST for OH services. It would seem likely that this review will signal a need to invest in WAST’s OH service, given the relatively low cost for services for 1,350 staff. This would appear to be the least disruptive option, and the review would give some robust, tangible information as to the quality of the service, and remove the reliance upon anecdote. This would result in a more sensible decision-making process within PHW than would otherwise be the case;

2. **OPTION 2** – It is apparent from conversations with neighbouring trusts that WAST, PHW, Velindre and Shared Services all have issues with their OH provision. Together, these organisations account for approximately 8,000-9,000 staff, the size of a medium-sized Health Board, which may present economies of scale, and service stability were these organisations to collaborate over their OH arrangements. WAST itself has informally indicated a willingness to explore this as a potential option, and subject to Executive Team views, further discussions could be progressed with Velindre and Shared Services. It is suggested that an arrangement of this nature might be hosted under Shared Services, which could have a positive impact on recruitment onboarding as far as OH is concerned, which is understood to be one of the most significant delay points in the recruitment process;

3. **OPTION 3** – A third option would be to procure private services. This could prove a politically controversial move for an organisation that is part of the health service, and so this would need to be considered carefully. This is particularly the case in the current absence of tangible data which would suggest that this is a necessary step – albeit this may become available quite quickly once the WAST review has been undertaken. Initial “ball-park” estimates have been received. There does not necessarily appear to be an organisation that exists which has a remit to cover a service of this nature across Wales within the private sector. That is not to say that a private sector organisation could not do so, however track record is clearly an issue for consideration;

4. **OPTION 4** – A final option would be to return OH arrangements to the Health Boards in full. This does not appear to be the most sensible option due to inconsistent quality issues previously, which have, in part, been resolved by WAST, and also the pressures that are currently faced by HB OH departments would likely result in them not wishing to take on the service.

It should be very clearly noted that for any or all of these options, there is a need to secure arrangements with WAST in the short term. That is to say that an SLA would need to be signed with WAST for a period
(suggested 3 months) to ensure stability, while considering alternative options. In addition, it is suggested that it would take 3-6 months to transfer services after this period, with a likely implementation date of any new arrangements of around 6-9 months. This is based upon previous PHW experience, and the issues which resulted from the WAST arrangements being progressed at what was, on reflection, too fast a pace.

5 Financial Implications

There may be an increase in costs depending on the outcome of the WAST review and/ or if one of the other options is selected.

6 Recommendation(s)

To await the outcome of the WAST review.